

ATTACHMENT J.4.54
OUTAGE REQUEST FORM

FEMP
(Maintenance and Support Services)
SERVICES INTERRUPTION

PLANNED PERIOD OF INTERRUPTION, BEGINNING. Date: _____ Time: _____		PLANNED PERIOD OF INTERRUPTION, END. Date: _____ Time: _____	
RESPONSIBLE MAINTENANCE SUPERVISOR: _____		PHONE NUMBER: _____	
TYPE OF INTERRUPTION:			
<input type="checkbox"/> Electrical <input type="checkbox"/> Fire Protection <input type="checkbox"/> HVAC <input type="checkbox"/> Elevator <input type="checkbox"/> Compressed Air <input type="checkbox"/> Other _____	<input type="checkbox"/> Gas <input type="checkbox"/> Roadway <input type="checkbox"/> Door <input type="checkbox"/> Vacuum <input type="checkbox"/> Breathable Air	<input type="checkbox"/> Potable Water <input type="checkbox"/> Industrial Water <input type="checkbox"/> Evacuation Alarm <input type="checkbox"/> Sewer (Potable Waste) <input type="checkbox"/> Exhaust Hood	
LOCATION OF INTERRUPTION (Give building number, room numbers, panel numbers, or other identifying references): _____ _____ _____ _____ _____			
DESCRIPTION OF WORK TO BE PERFORMED: (Describe what work is being performed and why an interruption is necessary): _____ _____ _____ _____ _____			
DESCRIPTION OF EQUIPMENT, SYSTEMS, AND UTILITIES THAT ARE TO BE INTERRUPTED: _____ _____ _____ _____ _____			
BACKUP OR EMERGENCY SYSTEMS REQUIRED/VERIFICATIONS OR INSPECTIONS REQUIRED: _____ _____ _____ _____ _____			

REVIEWS

REVIEWER'S NAME:

SIGNATURES	REQUIRED	REVIEWER'S INITIALS	DATE	COMMENTS
SECURITY	<input type="checkbox"/> Yes <input type="checkbox"/> No			
RADIOLOGICAL SAFETY:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
UTILITY ENGINEER:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
OS&H FIRE PROTECTION	<input type="checkbox"/> Yes <input type="checkbox"/> No			
OS&H INDUSTRIAL SAFETY:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No			
FACILITY OWNER	<input type="checkbox"/> Yes <input type="checkbox"/> No			
FACILITY OWNER:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
FINAL APPROVAL BY FACILITY OWNER:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

RESTRICTIONS OR SPECIAL INSTRUCTIONS:

CLOSE OUT	DATE	ISSUED
Work Completed:		
Interruption Removed:		
Facility Owners Notified:		
Others Notified:		
RESPONSIBLE MAINTENANCE SUPERVISOR		